

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

19 CV 1640

Christopher Hiram, Cano, "Trap GOD Constitutional
Private Attorney General, American National Origin
Non-U.S. Citizen (Pre-trial detainee) Innocent Arrested Person
 (In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

Demand for
 Jury Trial: ☒ Yes ☐ No
 (check one)

Correctional Officer Chisolm taxid# 7251
Captain Robinson taxid# 1283
Captain Charles taxid# 1349
Correctional Officer Santiago # 7808
Correctional Officer Murray # 1185
New York City Department of Corrections
The City of New York
New York City Health and Hospitals Corporation

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

RECEIVED
 2019 FEB 21 PM 12:07
 S.D. OF N.Y.
 GARY PRO SE FILER

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Christopher Hiram, Cano, "Trap GOD Constitutional
 Street Address 18-18 Hazen Street
 County, City Bronx County, East Elmhurst
 State & Zip Code New York, 11370
 Telephone Number (917) 870-2733- Mom's Cell

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Correctional Officer Murray taxid# 1185
 Street Address 75-20 Astoria Boulevard

County, City Bronx County, East Elmhurst
 State & Zip Code New York, 11370
 Telephone Number _____

Defendant No. 2

Name Correltional officer Santiago #7808
 Street Address 75-20 Astoria Boulevard
 County, City Bronx County, East Elmhurst
 State & Zip Code New York, 11370
 Telephone Number _____

Defendant No. 3

Name Captain Robinson #1283
 Street Address 75-20 Astoria Boulevard
 County, City Bronx County, East Elmhurst
 State & Zip Code New York, 11370
 Telephone Number _____

Defendant No. 4

Name Captain Charles #1349
 Street Address 75-20 Astoria Boulevard
 County, City Bronx County, East Elmhurst
 State & Zip Code New York, 11370
 Telephone Number _____

II. Basis for Jurisdiction:

↗ See attached

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions☒ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? 8th, 9th amendment of the U.S. Constitution, Article 3, 5, 6, 7, 6, 12, 14 of the Universal Declaration of Human Rights treaty, Torture, cruel and unusual punishment inflicted on me.

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship Native Floridian, American NationalDefendant(s) state(s) of citizenship U.S. Citizens**III. Statement of Claim:**

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

↗ See attached

Parties in the Complaint:

Defendant NO. 5

Correctional Officer Chisolm #7251

75-20 Astoria Boulevard

Bronx County, East Elmhurst

New York, 11370

Defendant NO. 6

New York City Department of Corrections

75-20 Astoria Boulevard

Bronx County, East Elmhurst

New York, 11370

Defendant NO. 7

City of New York

1 Centre Street

New York County, New York City

New York, 10007

Defendant NO. 8

New York City Health and Hospitals Headquarters

125 Worth Street

New York County, New York City

New York, 10013

Affidavit of Truth
Statement of Claim

I, Christopher Hiram, "Cano", Also Known as "The White Haitian", a Trap God Constitutionalist, State this Juramentum nece Ssarium as a Juramentum Voluntarium duly Jurate to Speak of the truth, the whole truth, nothing but the truth not under threat, duress, inducement, or Coercion but of my own free will to explain my honest testimony about the aggravated assault, Gang assault, officer's reckless disregard, willful misconduct and negligence, physical abuse, Cruel and unusual punishment, discrimination, inhumane and degrading treatment, religious persecution, forgery, and corruption I have been facing because of my sexual preference while being illegally arbitrarily detained under the Corrupted Custody of the New York City Department of Corrections.

I am Jaded of being discriminated, brutally assaulted, gang assaulted, and religiously persecuted by people of other belief or by people who hate LGBTQ members. I've been brutally attacked twice less than thirty hours while being unlawfully imprisoned at the Vernon C. Bain Center because the D.O.C. administrators failed to place me with my Classification of detainees (Transgender). The first attack happen on Saturday September 16, 2017 at approximately 3:37 pm, as I was out at recreation trying to enjoy my time there was a little tension in the air because my "Supposably" friends had just became aware of my sexual preference. So I tried to keep it silent instead of informing the officers right away because I was around 99% homophobia lest I end up getting attacked and extremely physically hurt all because I am gay. However, I knew that the officers was aware that something was about to happen due to the tension in the air and the suspicious movements in the crowds of detainees. While I was on my way back to my housing unit (3BA) heading towards the stairs all I heard was an instant yell "Manicon" then I was hit with a blow to my

head area, which caused me to fall two flights of stairs from the beginning of the fourth floor all the way to the third floor where my housing unit is located. However, I was yelling the whole time I was rolling down the stairs that's how I was able to alert "Captain Robinson #1283" that I was being attacked. Thus He was able to help me stand up and placed me in the corner of the stairwell but only for a couple of seconds because he went to go aid detainee Felipe Garcia BRC#2411701233 NYSD#12765825N from being assaulted by the same detainees that had just attacked me by releasing the poisonous chemical irritants (Oleoresin Capsicum) outside the hallway of the units to disperse the assailants but somehow the assailants found their way to the stairwell, where I was left injured and unattended. Furthermore, while they were aiding from the effects of the Oleoresin Capsicum the assailants were able to pull out several jail bags and tried to slash me but instead I was able to run towards the door Captain Robinson was blocking the door to stop the assailants from passing by but it took for me to force him out the way by pushing him because he didn't want to listen to me "when I was telling him that they are trying to slash me to let me pass by" but instead Captain Robinson try to get me slashed because he left me unsecured and placed me in eminent danger. Instead, he released the Oleoresin Capsicum intentionally all over my face and body just because I ran for my safety because he failed to properly secure me. However, detainee Felipe Garcia was assaulted with a slashing to his mouth area but he was secured and attended at all times by Correctional Officer Chisolm #7251. Moreover, while I was exposed to the chemical agents others were affected as well including Subservant Chisolm who threaten to hit me if I got close to him while we was all feeling the effects of the chemical irritants in which I was screaming for help or aid because I suffer from asthma and I was blind in the moment due to the chemicals inside my eyes. So I couldn't see nothing nor could I breathe right because the chemicals

Were causing me to choke on every breathe I take. So I had to drop on the floor and utilize old techniques to help me cope with it like the previous times it happen to me. So I wouldn't catch a panic attack or make things worst. Thence, I was aided by a righteous Captain who assisted me up and took me directly to rinse off the Chemical irritants. However, I didn't receive the proper medical assistance neither was I seen by the Knee doctor nor the foot doctor. Furthermore, Captain Robinson issued an infraction on my good name so he can cover up his violations. Days later I received the report and notice of infraction by Subservant Trail taxid #1437 (Who has rank of Captain) who served it to me. Captain Trail herself stated that I should defeat this infraction because the Complaint alleged doesn't constitute the charges stated on the infraction. In fact, I was the first victim assaulted and I am still being penalized for something that doesn't constitute penalty, then on top of that I was found guilty and sentence to thirty days in punitive Segregation without being notify of any hearing or disposition. I was deprived of such hearing neither was there any investigation done on this matter. In the latter I entered an appeal for this malicious improper infraction but was dishonored because of Statute of Limitation. I was never able to receive any type of justice or redress because I was treated prejudicely due to my Jurisdictional Status.

On September 17, 2017 at approximately 4:00pm after the incident that took place a day before, I was Coerced to a high Classification "Blood gang" housing unit. In which out of fifty detainees 45 are associated with the "Blood gang". The Officers was highly aware that the housing unit was a homophobic house where gays or transgenders can't live. However, After the incident took place on the 16th of September, 2017, I requested to be removed out of the facility because I feared for my safety and I couldn't live in that building due to the homophobia. Most of the Officers could care less about what happens to me because

Most of them are working in favor of their own favorite detainees or prisoner's time. Henceforth, they deny me my request to be removed out of the building and compelled me to their high La Sabitation unit (30A) the Bloodgang house. I was placed there some time around 12:00am, while everybody was confined in their cells sleeping. As I walked in my cell there were a few detainees asleep in their cell that watched me walked in. As I was unpacking my bags in my cell that's when I witness all my property was stolen. I then advised Subservant Fadia (who has rank of Deputy) about my property being stolen while he was conducting his tour. I did happen to throw a tantrum at the deputy because those were my most valuable stuff that was stolen that also hurt my heart and soul because I put my heart, soul and time in my music and my blueprints. I also lost a few important religious books, notebooks and Magazines that were difficult to find. Deputy Fadia however, verbally stated that he will review the cameras to seek who stole my property. I was also robbed for my legal documents and documents regarding my case in which inside information of my case was publicly exposed. Afterwards, I let the night pass by so I can get some sleep and later I was supposed to handle my stolen property situation. As I woke up that morning while waiting on the breakfast line I felt a very bad vibe. All the others detainees were looking at me weird and others were whispering with there intentions all up in the air. So I just grabbed my breakfast and went straight to my room because I feared for my safety and life. Thus, I looked up for lunch and did the same. I actually stayed in my room until the next lookout time which is at 4:00pm. So at approximately 4:00pm while Correction Officer Murray #1185 popped our cells open for locked out time, these two dark skin male detainees pertaining to the "Blood Gang" walked inside my cell while I was on my way out to the shower and held me down to my bed. Then one of the detainees asked me if I am gay? and I told him Yes! then after that they both started brutally attacking me for no apparent reason while I'm in the cell.

eleven (11 Lower) I believe, I was constantly yelling for "Help" and "Please Stop" but they wouldn't stop beating me, In that moment I thought I was going to die. All of a sudden, another detainee walks to my cell door and warns the two assailants that an Officer arrived on the floor. So that was the only way they cease attacking me. Therefore, I then locked my door and stayed put until the Officer did his tour. Between that timing, I was able to glance at the mirror and then witness the injuries on my body. However, The assailants had busted my lip and left it with a hole in it extremely bleeding, then I witness seven of my teeth were missing pieces (in which they cracked all my front teeth) and my left big front teeth was almost going to fall off. Also, my left eye was busted and swollen and with blood in it, My nose was also busted and bleeding. I then witness Officer Santiago #7808 doing his tour right before he passed by my cell. I knocked on my window to get his attention but he failed to look at me directly. Instead he told me "Wait til I'm done with my tour Cano". I guess the assailants heard me trying to get the Officer's attention so they ended up inducing him out the door in which he totally forgot about me. Then one of the assailants came back to my door but it was closed so through the crack of the door he warned me "to pack up my shit, and that I cannot live there." So while I was packing up my property my door was popped open so I ran quickly and shut it closed because there was no Officer at all in the housing unit. However, the assailants were trying to find their way back in my room. After struggling to keep my door closed and their several attempts to get my door open I noticed through the crack of my door that the Officer who was dealing with the control panel was Officer Murray #1185 in which she was actually assisting the assailants into trying to get my door open. Henceforth, that's when I became a victim of corruption so while she quit trying to open my door, I hurriedly kept packing up my property but a few minutes later it was popped open and in a quick instance one of the assailants came in and demanded me to stop resisting that he's not going to hit me but that he's going

to help me pack up while attempting to help me pack up he hit me with a couple more blows to my facial area. Then he pulled out a pen top in what seems to be a slap type object in it then threatened that he "was going to cut me if I say anything" but he kept throwing more blows to my face and head, so I pushed him into the toilet so I can run out of my cell. While I was fearfully rushing out of my cell he quickly slashed me on my back but at the same time I was able to run out of my cell. When I finally made it out my cell half the house was chasing me around and each of them throwing blows of punches at me, while I'm running towards the exit door that's when Officer Murray #1185 choose to step back inside the housing unit and attempt to scream at the assailants instead of using proper procedure and policy, so then the exit door was popped open for me to secure my safety until the responding probe team arrived. So the whole time I was being brutally attacked there were no officer in the housing unit at all. Furthermore, I was not escorted directly to medical, I was placed in the intake holding cell in where immediately two men in black suits came to question me about what happened but I was so angry that I didn't want to speak to nobody, I just wanted to get to medical to get aided. After several times I've asked Officers and Captains to take me to medical, I wasn't brought to medical until four hours later after the incident. There, upon my arrival to medical I was somewhat examined for a few injuries but all my injuries was not treated nor documented. Meanwhile, the nurses treated me for my busted lip, my eye and cleaned my nose but they never treated me for my laceration, my knees and right ankle. I had to self-heal my laceration and my right ankle. I also healed it through time and self therapy but it still remains a permanent injury because the joints remains bigger than the left ankle and I still feel pain at times. They also failed to obtain picture evidence of my injuries neither did they file all my injuries in the computer. I even reported these complaints of negligence through "311 Constituent Service" and explained

to them that the Vernon C. Bain Center never took photos of my injuries and that I've asked Captains and deputies from the next facility I was transferred to (Robert N. Davoren Center) take photos of my injuries but they told me "No" because it happened in another facility. I've taking this as an act of Corruption, Medical negligence, and Wanton negligence and misconduct. When I attempted to pursue for Justice my Claim was disallowed on January 17, 2018 because my Claim didn't meet the Statute of limitation but deem the N.Y.C. Department of Correction responsible for my mail being delayed. In the latter I retain an attorney to assist me in this matter (Law Office of Matthew B. Waller) but was unable to represent me because he claimed the medical records did not support the Claim. It is very difficult to pursue for Justice when such obstacles are on front of me holding me back such as the New York City Health and Hospital employees are acting in concert with the N.Y.C. Department of Correction employees by withholding evidence from being documented to cover up their violations. I will take further action in a Judiciary matter for such acts of torture, physical abuse, brutality, discrimination, Corruption, infliction of severe physical pain, coercion, cruelty, inhumane degrading treatment, and willful and wanton misconduct and negligence that violated my Human Rights, Civil Rights, and my Constitutional Guaranteed. The abusive conduct and dangerous environment of Rikers Island needs to come to a halt which is why I am taking further actions because this form of abuse of authorize power needs to be brought to justice. I feared so much for my safety that I had to threaten the officers that I was going to commit suicide so they can keep me on watch one on one and so I can be placed in a safe house.

ACKNOWLEDGEMENT

County of Bronx }
New York State } Satisfies

Subscribed to and Sworn before me this 28th day of November, 2018 of the Gregorian Calendar, a Notary, that Christopher Hiram, Cano, personally appeared and known to me to be the woman whose name subscribed to the within instrument and acknowledged to be the same.

Sworn to before me this
11-28-2018

Deborah Hammett Seal,

NOTARY PUBLIC

My Commission expires: 12-31-2020

DEBORAH MACHELLE HAMILTON
Notary Public, State of New York
No. 02HA6274121
Qualified in Queens County
Commission Expires December 31, 2020

WE THE PEOPLE,

~~Christopher Hiram, Cano~~

Christopher Hiram, Cano

Trap God Constitutionalist

Private Attorney General

All Rights Reserved, droit-droit

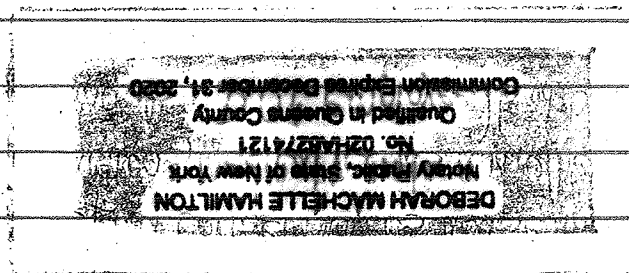
1st Amendment, "Under Protest"

Without Prejudice

Affidavit of Truth

New York City Department of Corrections is a local administrative agency and a Corporation under State and Federal laws. The NYC Department of Corrections is a domestic Corporation Created by and under the laws of the City of New York. The New York City Department of Correction administrators failed to properly enforce policy and procedure to those employees who caused these injuries. I am being unlawfully imprisoned inside this agency and everyday I am being illegally held, I am getting abused and being treated with inhumane and degrading treatment. I am being held innocent against my will and the NYC Department of Correction has failed to adequately keep me safe and healthy. I've been attacked twice less than thirty-six hours on September 16th and the 17th of 2017 because of my sexual preference and the NYC Dept. of Corr. has done nothing to assist me and justice was never served. I had to sign up for protected custody but it doesn't really help because I still run into a lot of discrimination. N.Y.C. Dept. of Corr. employees abuse their authorized power and perjure on record books, infractions, medical records and other record keeping material. Subservant Murray (who is a DOC employee) had perjured on the incident report when she did see a whole group of gang members attacking me, Subservant Robinson issued an infraction so he can cover up his violations, and on the medical records they all perjured including the nurses and doctors they did not jot down every injury I received. They even refused to take pictures as I was demanding but in other occasions when there's no need for pics they obtain them through duress, deceit and force. I also allege N.Y.C. Dept. of Correction negligence in hiring and retention of incompetent and unfit employees, and negligence in the training and instruction of the City of New York employees and agents. They also failed to place the correct amount of officers in every housing unit as they are obligated to. All the above are as a consequence of the conduct of agents and employees of the City of New York and the New York City

WE THE PEOPLE
~~Christopher Hiram Lane~~
Christopher Hiram Lane
Trap Good Constitutional
Private Attorney General
All Rights Reserved
1st Amendment "Under Protest,
Without Prejudice



Deborah Machel Hamilton
NOTARY PUBLIC
My Commission expires: 12-31-2020

Subscribed and sworn to me this 28 day of November, 2018

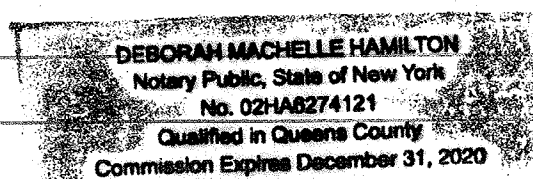
Department of Corrections. Thus, NY Dept of Correction is the producing cause of my injuries and damages.

Affidavit of Truth

Subservant Robinson tax id #1283 (who has rank of Captain) is employed for the New York City Department of Correction and is stationed at Vernon C Bain Center. Subservant Robinson was an employee who also injured me after I was brutally assaulted in the V.C.B.C. stairwell while exiting the recreational area. Subservant Robinson had utilize improper procedure and acted in bad faith towards me because of my sexual preference. He utilize his chemical agents while I was attempted to run for my safety. He failed to properly secure me and the assailant. Another inmate was assaulted at the same time but he had officers secure him, I was trying to get Subservant Robinson attention when the assailant was attempting to assault me again but he ignored me and then when I ran for my safety Subservant Robinson intentionally utilized his Oleoresin Capsicum which caused me further injuries. Subservant Robinson has also perjured on a infraction and issued it so he can cover up his violation. He commanded another officer to write a infraction on me and actually perjured on it. Subservant Robinson is one of the actual cause of my injuries & damages that occurred on the 16th day of September 2017.

Subscribed and Sworn to before me this 28 day of November, 2018

Deborah I Hamilton Seal,
 NOTARY PUBLIC
 My Commission expires 12-31-2020



WE THE PEOPLE,
~~Christopher Hiram Cano~~
 Christopher Hiram Cano
 Trap God Constitutionalist
 Private Attorney General
 All Rights Reserved, droit-droit
 1st Amendment "under protest."

AFFIDAVIT OF Truth

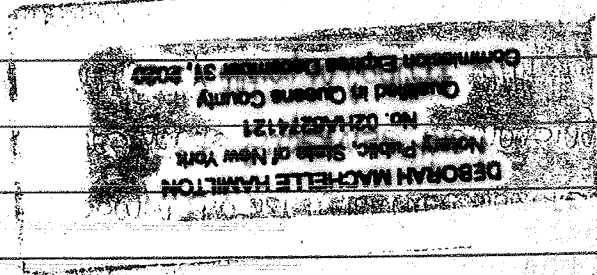
Subservant Murray tax id# 1185 (who has rank of Officer) is employed for the New York City Department of Correction and is Stationed at Vernon C. Bain Center. Subservant Murray was the actual Shift Officer assigned to the 3CA post on the 17th day of September 2017. She however, was not fulfilling her duty but doing otherwise things that her job prohibited her from doing such as having perverted conversations, not properly supervising her post, letting more than one inmate hang out in other inmates cells, letting inmates smoke Cannabis in the dayroom, and other unlawful conduct. Subservant Murray had failed to perform her duty which requires her to supervise the housing unit and she also committed an unlawful employment practice by acting in concert with the gang members that brutally assaulted me. She actually participated by assisting them from the control room, she constantly was popping the door open from the control panel so they could enter the cell and attack me. She was acting in a abusive manner and careless way. I deem her guilty of a criminal act because she supposed to be securing me as well as others but instead she assisted the assailants in attacking me. She has also perjured on the record and in the incident reports and medical reports. She claimed that she did not see nothing, when she actually witness that I was getting brutally assaulted throughout the whole housing unit by many inmates. Subservant Murray has failed to perform by her employee performance guidelines and she also has violated Federal and State laws. I also allege that she is a supporter of the "Blood Gang" and Anti-LGBTQ. She has violated my Civil and Human Rights and committed Constitutional violations. I further allege negligence in her hiring and retention of incompetent and unfit employee. I also allege that Subservant Murray #1185 is also corrupting the Correctional System. Subservant Murray is a proximate cause of my injuries and damages.

Subscribed and sworn to me this 28 day of November 2018

Deborah Harnick, Notary Public

NOTARY PUBLIC

My Commission expires 12-31-2020



WE THE PEOPLE,

~~Christoph Hiram, Plaintiff~~

Christopher Hiram, Plaintiff

Trap and Denialist

Private Attorney General

All Rights Reserved - droit-droit

1st Amendment "under protest without prejudice"

Affidavit of Truth

Subservant Santiago tax id #7808 (who has rank of Officer) is employed for the New York City Department of Correction and is stationed at Vernon C. Bain Center. Subservant Santiago was one of the Officers on duty on the 17th day of September 2017 while I was being brutally assaulted. Between Subservant Santiago and Subservant Murray #1185 had left the housing unit with fifty detainees unattended, there were no officers in the housing unit. Subservant has failed to carry his duty by leaving the housing unit unattended without another Officer being on post and failed to supervise us as his duty obligates him to do. Subservant Santiago refused to give me direct attention when I was calling him for help instead he ignored me and kept on walking and left me in the cell injured. If Subservant Santiago would have stop and supervise me the proper way it would have precluded the laceration on my back and further injuries. Subservant Santiago negligence and reckless disregard caused me bodily and permanent injuries. Subservant Santiago is a proximate cause to my injuries and damages because of his failure to supervise, willful negligence and misconduct and reckless disregard. I also allege negligence in his hiring and retention of incompetent and unfit employee.

Subscribe and Sworn to me this 28 day of November, 2018

Deborah Hamilton Seal:

NOTARY PUBLIC

My Commission expires: 12-31-2020

Private Attorney General

All Rights Reserved, droit-droit

WE THE PEOPLE,

~~Christopher Hiram Cano~~

Christopher Hiram, Cano

TRAGGOD Constitutional

DEBORAH MACHELLE HAMILTON
Notary Public, State of New York
No. 02HA6274121
Qualified in Queens County
Commission Expires December 31, 2020

Affidavit of Truth

Subservant Chisolm taxid # 7251 (who has rank of Officer) is employed for the New York City Department of Correction and is Stationed at Vernon C. Bain Center. Subservant Chisolm was among those Officers who was securing the inmate who was assaulted. He was the Officer who actually wrote the infraction for Captain Robinson. Subservant Chisolm did not observe nothing that occurred with me but instead obtain the information from Subservant Robinson. Subservant Chisolm perjured on the infraction because he falsely stated false information and the charges on the infraction does not constitute the conduct on the Complaint. Subservant Chisolm is a proximate cause to my injuries and damages because he acted in concert with Subservant Robinson and tried to assist him in covering up his violation. He was the participant who acted on the incident that occurred on the 16th day of September, 2017.

Subscribe and Sworn to me this 28 day of November, 2018

Deborah Hamilton Seal

NOTARY PUBLIC

My Commission expires 12-31-2020

DEBORAH MACHELLE HAMILTON
Notary Public, State of New York
No. 02HA6274121
Qualified in Queens County
Commission Expires December 31, 2020

WE THE PEOPLE,

~~Christopher Hiram, Cano~~

Christopher Hiram, Cano

Trap God Constitutionalist

Private Attorney General

All Reserved Rights, droit-droit
1st Amendment "Under Protest, without

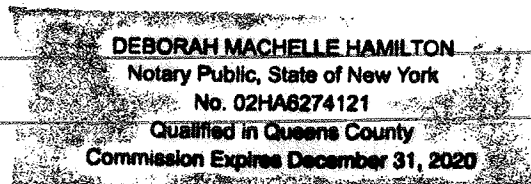
Affidavit of Truth

Subservant Charles taxid #1349 (who has rank of Captain) is employed for the New York City Department of Correction and is Stationed at Vernon C. Bain Center. Subservant Charles has also committed violations in which he perjured on the incident reports by stating false information and withholding material facts from being documented. He failed to properly supervise the incident and failed to supervise the willful misconduct and negligence of Subservant Murray #1185 and Subservant Santiago #7808. Subservant Charles also failed to put me in a safe area after I advised him that I feared for my safety at Vernon C. Bain Center. He refused to take heed to my complaint and willfully placed me in that "Blood Gang" house. He is the probable cause of my injuries and damages because he failed to provide a safe housing unit for me. I was compelled to enter that housing unit under duress, threat, menacing and coercion. He deceived me by stating that I was in a good house but he knew that it was a maximum security Blood gang house and that they ought to brutally attack a LGBTQ member. Therefore, Subservant Charles shall be penalized and terminated for anticipated these events and for his reckless disregard. I also allege negligence in his hiring and retention of incompetent and unfit employee.

Subscribed and sworn to me this 28 day of November, 2018

Deborah Hamilton Seal,
NOTARY PUBLIC

My Commission expires 12-31-2020



WE THE PEOPLE,
~~Charles Hiram Cano~~

Christopher Hiram, Cano

Trap God Constitutionalist

Private Attorney General

All Rights Reserved, droit-droit

1st Amendment "Under Protest, without Prejudice"

Affidavit of Truth

The City of New York is a Corporation incorporated under the laws of the State of New York. The City of New York is a municipal Corporation incorporated under the City Charter enacted by acts of the legislature of the State of New York, and local laws of the City of New York. This Claim is for injuries and damages suffered by me, the Claimant, by reason of the negligence, deliberate indifference, reckless disregard, and willful misconduct and negligence of the City of New York, its officers, agents and employees, by failing to properly protect, provide an adequate number of well-trained guards for, and to supervise me while I'm being unlawfully imprisoned under the custody of the City of New York, its employees and agents, in the State of New York, City of Bronx, Vernon C. Bain Center. The City of New York failed to properly enforce and guide the NYC Department of Correction by those ordinary considerations which regulate human affairs.

Subscribe and Sworn to me this 28 day of November, 2018

Deborah Hamilton Seal,

NOTARY PUBLIC

My Commission Expires: 12-31-2020

DEBORAH MACHELLE HAMILTON
Notary Public, State of New York
No. 02HA6274121
Qualified in Queens County
Commission Expires December 31, 2020

WE THE PEOPLE,

~~Christopher Hiram, Cand~~

Christopher Hiram, Cand

Trap God Constitutionalist

Private Attorney General

All Rights Reserved, droit-droit

1st Amendment in 1st Amendment with out

Affidavit of Truth

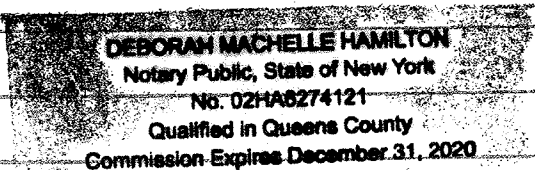
The New York City Health and Hospitals is a corporation operating under the laws of the City and State of New York. The NYC Health and Hospitals employees that are stationed in the NYC Department of Correction has committed grievous injuries to the laws that protect a human rights. They've have failed to be in accord with our right to receive proper medical attention. In my case they've failed to jot down every exact injury that I received and failed to treat me for all of them. The NYC Health and Hospitals employees has given a blind eye to my repeated injuries and has aided the NYC Dept. of Corr. in covering up their violations. I also allege negligence in hiring and retention of incompetent and unfit employee of NYC Health and Hospitals.

Subscribed and Sworn to me this 28 day of November, 2018

Deborah Hamilton Seal;

NOTARY PUBLIC

My Commission expires 12-31-2020



WE THE PEOPLE,

~~Christopher Hiram, Cano~~

Christopher Hiram, Cano

Trap BroD Constitutionalist

Private Attorney General

All Rights Reserved, droit-droit

1st Amendment "Under protest, without

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? Vernon C. Bain Center,
and see affidavits for exact Location

B. What date and approximate time did the events giving rise to your claim(s) occur? 1st incident
on September 16, 2017 approximately 3:37pm & 2nd incident on September
17, 2017 approximately 4:00pm.

What
happened
to you?

Who did
what?

Was anyone
else
involved?

Who else
saw what
happened?

C. Facts: I was brutally assaulted, Gang assaulted because of
my Sexual preference. I received Seven (7) broken teeth, two Swollen Knees,
right ankle fracture, laceration to my back, a bruised up black left eye, open wound on my
upper lip, facial bone injury and exposed to Oleoresin Capsicum. I was also Subject
to Medical negligence, they refused to transport me to the hospital for x-rays and further check ups.
(- See affidavits) Captain's and Officers of V.C.B.C. intake refused my
appointments and perjured by stating that I refused, I was left sleeping on
the intake floor for a whole week with my injuries and open wounds.
(- See affidavits) YES! The NYC Health and Hospitals employees also
acted in concert with the negligent conduct of the NYC Dept. of Corr. employees.
They've have perjured on statements, refused to document every injury, and
refused my medical appointments without my consent.

Deputy Fadina witnessed that my property was stolen.

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I sustain injuries to my physical
and mental well being. I also suffered (7) Seven broken teeth, laceration to
my back, two swollen knees, bruise to my left eye, bleeding nose, and a fractured
right talus. I also suffered a open wound to my upper lip, facial bone injury,
and effects of the Oleoresin Capsicum. I also sustain absolute injuries, bodily injuries,
Civil injuries, injury in fact, Permanent injuries, Real injuries, personal
injuries, and relative injuries. Consequential loss, actual loss, and I
claim damages for discrimination, Pain and suffering, property loss
and theft, emotional distress, and medical negligence. Legal injury
for loss of My legal documents.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. I am seeking for Substantial damages, Compensatory damages, Consequential damages, pecuniary damages, Criminal damages, nominal damages for breach of my Human and civil rights, punitive damages, Speculative damages, Special damages, Actual damages, hedonic damages, excessive damages, Future damages, and direct damages, all in the amount of \$13 million for all injuries involved and damages. Punitive damages in the amount of no less than \$5 million for the Wanton, malicious, and negligent conduct of all defendants. Seeking for Constitutional guaranteed and my inalienable rights, also interests allowed by law, Costs of Suit, Summary Judgement for me to be Court mandated Protective Custody, and such other and further relief as this Court may deem just and proper. All monetary compensation must be American Currency, silver equivalent and/or gold. (Diplomatic Immunity)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 28 day of November, 2018.

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

Anna Marie Kross NYcc1-308
Anna Marie Kross Center
17-18 Hazen Street
East Elmhurst, NY 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this 28 day of November, 2018, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Inmate Number

Anna Marie Kross NYcc1-308
241605369-HCC

for the

V.

Civil Action No.

Defendant

To: *(Defendant's name and address)*

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____

☐ I personally served the summons on the individual at *(place)* _____
 on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

JS 44C/SDNY
REV. 5/2010

CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for use of the Clerk of Court for the purpose of initiating the civil docket sheet.

PLAINTIFFS

DEFENDANTS

ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

ATTORNEYS (IF KNOWN)

CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE)
(DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY)

Has this or a similar case been previously filed in SDNY at any time? No? ☐ Yes? ☐ Judge Previously Assigned

If yes, was this case Vol. ☐ Invol. ☐ Dismissed. No ☐ Yes ☐ If yes, give date _____ & Case No. _____

(PLACE AN [x] IN ONE BOX ONLY)

NATURE OF SUIT

ACTIONS UNDER STATUTES

	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
CONTRACT	PERSONAL INJURY	PERSONAL INJURY	<input type="checkbox"/> 1610 AGRICULTURE	<input type="checkbox"/> 422 APPEAL	<input type="checkbox"/> 400 STATE
<input type="checkbox"/> 110 INSURANCE	<input type="checkbox"/> 1310 AIRPLANE	<input type="checkbox"/> 362 PERSONAL INJURY -	<input type="checkbox"/> 1620 OTHER FOOD &	<input type="checkbox"/> 28 USC 158	<input type="checkbox"/> 400 REAPPORTIONMENT
<input type="checkbox"/> 120 MARINE	<input type="checkbox"/> 1315 AIRPLANE PRODUCT	<input type="checkbox"/> 365 MED MALPRACTICE	<input type="checkbox"/> 1625 DRUG	<input type="checkbox"/> 423 WITHDRAWAL	<input type="checkbox"/> 410 ANTI-TRUST
<input type="checkbox"/> 130 MILLER ACT	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881	<input type="checkbox"/> 28 USC 157	<input type="checkbox"/> 430 BANKS & BANKING
<input type="checkbox"/> 140 NEGOTIABLE	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 450 COMMERCE
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 460 DEPORTATION
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		<input type="checkbox"/> 470 RACKETEER INFLU-
<input type="checkbox"/> 150 RECOVERY OF	<input type="checkbox"/> 320 ASSAULT, LIBEL &	<input type="checkbox"/> 365 PERSONAL INJURY	<input type="checkbox"/> 21 USC 881		

(PLACE AN x IN ONE BOX ONLY)

ORIGIN

- ☐ 1 Original Proceeding
 ☐ 2a. Removed from State Court
 ☐ 3 Remanded from Appellate Court
 ☐ 4 Reinstated or Reopened
 ☐ 5 Transferred from (Specify District)
 ☐ 6 Multidistrict Litigation
 ☐ 7 Appeal to District Judge from Magistrate Judge Judgment
- ☐ 2b. Removed from State Court AND at least one party is pro se.

(PLACE AN x IN ONE BOX ONLY)

BASIS OF JURISDICTION

- ☐ 1 U.S. PLAINTIFF
 ☐ 2 U.S. DEFENDANT
 ☐ 3 FEDERAL QUESTION (U.S. NOT A PARTY)
 ☐ 4 DIVERSITY

IF DIVERSITY, INDICATE
CITIZENSHIP BELOW.
(28 USC 1322, 1441)

CITIZENSHIP OF PRINCIPAL PARTIES (FOR DIVERSITY CASES ONLY)

(Place an [X] in one box for Plaintiff and one box for Defendant)

	PTF	DEF		PTF	DEF		PTF	DEF
CITIZEN OF THIS STATE	[]	[]	CITIZEN OR SUBJECT OF A FOREIGN COUNTRY	[]	[]	INCORPORATED and PRINCIPAL PLACE OF BUSINESS IN ANOTHER STATE	[]	[]
CITIZEN OF ANOTHER STATE	[]	[]	INCORPORATED or PRINCIPAL PLACE OF BUSINESS IN THIS STATE	[]	[]	FOREIGN NATION	[]	[]

PLAINTIFF(S) ADDRESS(ES) AND COUNTY(IES)

DEFENDANT(S) ADDRESS(ES) AND COUNTY(IES)

DEFENDANT(S) ADDRESS UNKNOWN

REPRESENTATION IS HEREBY MADE THAT, AT THIS TIME, I HAVE BEEN UNABLE, WITH REASONABLE DILIGENCE, TO ASCERTAIN THE RESIDENCE ADDRESSES OF THE FOLLOWING DEFENDANTS:

Check one: THIS ACTION SHOULD BE ASSIGNED TO: ☐ WHITE PLAINS ☐ MANHATTAN
(DO NOT check either box if this a PRISONER PETITION.)

DATE SIGNATURE OF ATTORNEY OF RECORD

ADMITTED TO PRACTICE IN THIS DISTRICT

[] NO

[] YES (DATE ADMITTED Mo. ____ Yr. ____)

Attorney Bar Code #

RECEIPT #

Magistrate Judge is to be designated by the Clerk of the Court.

Magistrate Judge _____ is so Designated.

Ruby J. Krajick, Clerk of Court by _____ Deputy Clerk, DATED _____

UNITED STATES DISTRICT COURT (NEW YORK SOUTHERN)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Christopher Hiram Cano "Trap God" Constitutionalist

Private Attorney General American National
(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

____ Civ. ____ () ()

- against -

NYC Department of Corrections

NYC Health and Hospitals

City of New York

"Et Al"

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

**PLAINTIFF'S LOCAL CIVIL
RULE 33.2 INTERROGATORIES
AND REQUEST FOR
PRODUCTION OF DOCUMENTS**

See attached

Pursuant to Fed. R. Civ. P. 26(e), 33, 34 and 45, and Local Civil Rule 33.2, the defendants shall answer, under oath, the following interrogatories, and produce copies of the following documents, within 120 days of the service of the Complaint on any named defendant, at the plaintiff's current address and at the Daniel Patrick Moynihan United States Courthouse, *Pro Se* Office, 500 Pearl Street, Room 230, New York, N.Y. 10007,¹ as indicated below.

These requests apply in Use of Force Cases, Inmate Against Inmate Assault Cases and Disciplinary Due Process Cases, as defined below, in which the events alleged in the complaint are alleged to have occurred while the plaintiff was in the custody of either the Department of Corrections of the City of New York or the New York State Department of Correctional Services (collectively "the Department").

DEFINITIONS

1. "Use of Force Case" refers to an action in which the complaint alleges that any employee of the Department used physical force against the plaintiff in violation of the plaintiff's rights.
2. "Inmate against Inmate Assault Case" refers to an action in which the complaint alleges that any defendant was responsible for plaintiff's injury resulting from physical contact with another inmate.
3. "Disciplinary Due Process Case" refers to an action in which (i) the complaint alleges that a defendant violated or permitted the violation of a constitutional right(s) in a disciplinary proceeding against plaintiff, and (ii) the punishment imposed upon plaintiff as a result of that proceeding was placement in a special housing unit for

¹If within the 120-day period the defendant(s) moves for dismissal under Fed. R. Civ. P. 12(b) or 12(c), or moves for summary judgment on grounds which would be dispositive of the action *in toto*, defendants shall respond 30 days from denial of such motion in whole or in part.

more than 100 days.

4. "Incident" refers to the event or events described in the complaint. If the complaint alleges a due process violation in the course of prison disciplinary proceedings, "Incident" also refers to the event or events that gave rise to the disciplinary proceedings.
5. "Facility" refers to the correctional facilities where the Incident is alleged to have occurred.
6. "Identify," when applied to persons, shall mean:
 - (i) full name and current or last known address for service; and
 - (ii) for Department employees, Department badge number or numbers, if any;
 - (iii) for former or present inmates, any and all inmate identification numbers, including "book and case," "DIN" and "NYSID" numbers.
7. "Identify," when used in connection with a civil or criminal proceeding shall mean: the case name, court, docket number and date of commencement.

INSTRUCTIONS

1. All defendants represented by the Office of the Corporation Counsel of the City of New York or the Office of the Attorney General are instructed to produce documents (or copies thereof) and provide information in the defendants' custody, possession or control and documents and information in the custody, possession or control of the Department. If the Department is not a party, documents and information shall be produced as if a Rule 45 subpoena had been served on the Department. All responses are subject to the requirements of Fed. R. Civ. P. 26(e). Documents so produced shall be Bates-stamped or otherwise numbered sequentially.
2. Whenever defendants or the non-party Department withhold any document or portion thereof that is responsive to any of the document requests for reasons of privilege or institutional security, counsel for defendants shall (i) obtain a copy of the document (including audio tape, videotape, electronic recording or photograph) from the appropriate agency or defendant and retain such document in counsel's office until the conclusion of the litigation; (ii) serve and file a (privilege) log in conformity with Fed. R. Civ. P. 26(b)(5) or Local Civil Rule 26.2, setting forth the reason for withholding the document; and (iii) make the withheld document available upon request to the Court. If the document is withheld for reasons of institutional discipline or security, rather than privilege, the document shall also be made available to *pro bono* counsel, or to an interested attorney considering the court's request for *pro bono* counsel, who shall maintain it in strict confidence and sign a Confidentiality Agreement as provided by the Court. If security interests can be addressed by redacting a portion of the document, the redacted document shall be produced to plaintiff. Defendant may also take responsibility measures to ensure that Department letterhead, forms and stationery are not misused by plaintiff.

3. If any document responsive to this request exists in the form of a tape recording, video recording or other electronic recording it shall be preserved until the conclusion of the litigation. If a tape recording has not been transcribed, a copy of such tape or electronic recording shall be produced, subject to any state law or regulation barring access on grounds of security. If the tape, video or electronic recording is not produced to plaintiff, defendant's counsel shall retain the tape and make it available upon request to the Court, *pro bono* counsel or any *pro bono* attorney considering acceptance of the case. Any transcript shall be treated as any other responsive document.
4. The documents responsive to requests 8 through 11 shall be provided for a period of ten years prior to the filing of the complaint, shall be provided to defendants' counsel within the 120-day responsive period and shall be maintained in defendants' counsel's office until the conclusion of the litigation. Such documents shall be produced to the Court upon request or to *pro bono* counsel as provided in Instruction 2. If documents responsive to requests 8 through 11 are not filed with the *Pro Se* Office and are maintained in defendants' counsel's office, the submission that is filed with the *Pro Se* Office shall so indicate. If the case proceeds to trial and plaintiff is not represented, the Court shall address prior to trial the disclosure of such documents to plaintiff for use at trial.

INTERROGATORIES AND DOCUMENT REQUESTS



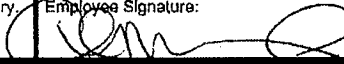
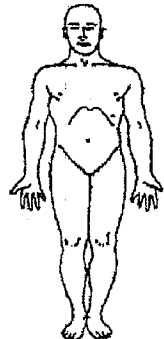
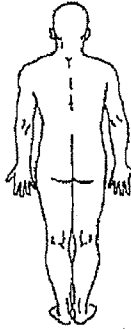
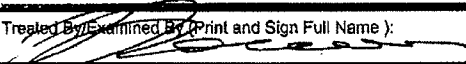
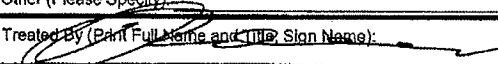
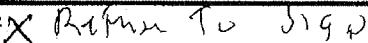
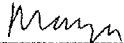
1. With respect to any disciplinary proceeding in which plaintiff alleges that he/she was denied a constitutional right, produce all documents concerning the proceeding, including: reports of infraction; notices of infraction; misbehavior reports; any records reflecting informal interviews with the plaintiff or opportunities for the plaintiff to object to his/her discipline or housing status related to his/her discipline; disciplinary hearing records; hearing transcripts; ²infraction and/or hearing disposition sheets; notices of administrative appeal and any accompanying documents; and any decisions on administrative appeal.
2. Identify all Department employees who were present at, witnessed or investigated the Incident or who at or about the time of the Incident were assigned to work in the area where the Incident occurred (if such area is identifiable and discrete).
3. Identify all persons other than Department employees who were present at the Incident.
4. Produce any and all of the following documents in the Department's File prepared by or at the direction of any employee of the City of New York, the State of New York or any other governmental entity in connection with the Incident: incident reports, intradepartmental memoranda (including memoranda sometimes referred to as "to/from's"), use of force reports, unusual incident reports, witness statements, injury to inmate reports, photographs, reports of infraction, notices of infraction, dispositions of any infraction, misbehavior reports including documents in the file of any inmate disciplined in connection with the incident.



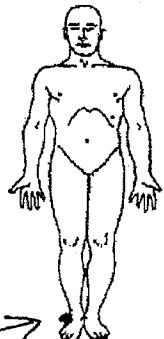
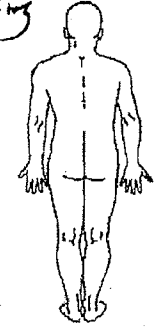
² An untranscribed tape shall be treated as provided for in Instruction 3.

5. Produce all files, including each closing memorandum and summary, made in the course of any completed investigation by the Department of Investigations, Inspection General or Internal Affairs Division into the Incident. If the Incident or the conduct of defendants involved in the Incident is the subject of an ongoing investigation or a disciplinary proceeding, criminal investigation or outstanding indictment or information, discovery under this request shall be suspended until the termination thereof (whether by completion of the investigation without charges being brought or by disposition of such charges). A response shall be due thirty (30) days after such termination.
6. If Plaintiff alleges physical injury and has authorized release, produce records of all medical treatment provided to the plaintiff in connection with such injury or claim. If defendants seek to rely on plaintiff's pre-existing medical condition as a complete or partial defense to any claim raised in the complaint, produce all records relating to such pre-existing medical condition generated during his/her present and any prior term of incarceration. (Plaintiff is advised that if he/she failed to provide a release authorizing disclosure of medical records, the defendant may move to compel such release or to dismiss some or all of plaintiff's claims). If production is made hereunder, identify all medical care providers assigned to work in the Facility clinic on the date of the Incident and identify the signature or initials of each individual who has made an entry on reports or other writings prepared by the medical care provider regarding the Incident or regarding the treatment of any person involved in the Incident.
7. If any defendant claims to have been physically injured in the Incident, produce all records and claims of injury and all records of medical treatment provided to that defendant in connection with such injury. If defendant refuses to give his/her consent to the release of medical records as to which his/her consent to release is required, defendant shall state whether he/she was treated at a prison facility, a clinic or by a private doctor and the date and place of each such treatment. If production is made hereunder, identify all medical care providers assigned to work in the Facility clinic on the date of the Incident and identify the signature or initials of each individual who has made an entry on reports or other writings prepared by the medical care provider regarding the Incident or regarding the treatment of any person involved in the Incident.
8. For any defendant, other than for the Department Commissioner, any Deputy Commissioner or Assistant Commissioner, Warden and ranks above, identify and produce all documents concerning any employment-related proceeding, whether administrative, civil or criminal, in which the defendant formally was counseled, disciplined, punished, or criminally prosecuted or otherwise made the subject of remedial action in connection with having failed to make a report or having made a false statement of any kind.
9. In a Use of Force Case, identify and produce all documents concerning any employment-related proceeding, whether administrative, civil or criminal, in which any defendant was formally counseled, disciplined, punished, criminally prosecuted or otherwise made the subject of remedial action in connection with having used

force on an inmate.

10. In an Inmate against Inmate Assault case, identify and produce all documents concerning any employment-related proceeding, whether administrative, civil or criminal, in which any defendant was formally counseled, disciplined, punished or criminally prosecuted or otherwise made the subject of remedial action in connection with having failed to supervise inmates property or failed to fulfill any or his or her responsibilities involving inmate safety.
11. In a Disciplinary Due Process case, identify and produce all documents concerning any employment-related proceeding, whether administrative, civil or criminal, in which any defendant was formally counseled, disciplined, punished, prosecuted or otherwise made the subject of remedial action in connection with that defendant's participation in or conduct of a disciplinary proceeding where it was alleged that the defendant violated a Department regulation or a constitutional right of an inmate.
12. Produce from the plaintiff's inmate file for the period of incarceration during which the Incident arose (and any other City or State file for plaintiff if any defendant intends to rely on any of its contents) all documents concerning any occasion that plaintiff was subject to discipline. If the disciplinary record is lengthy, the defendant may, in the first instance, produce a computer printout of the inmate's disciplinary history.

		CORRECTION DEPARTMENT CITY OF NEW YORK			
INJURY TO INMATE REPORT			Page 1 of 2 Pages	Form: #167R-A Rev.: 01/31/08 Ref.: Dir. #4516R-A	
INSTRUCTIONS: Original Report to Security, One copy to Clinic Lock Box, One Copy to Inmate Medical File.					
Command: VCBC	Date: 9/17/17	COD/DOF #: 	Injury #: F-418/441		
TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT CLEARLY):					
Inmate Name (Last Name, First Name): Cano, Christopher					
Location: 3A	Work:	NYSID #: 135520003	Book & Case/Sent #: 2411605369		
Details: on September 17, 2017 at approx 1300 hrs I C.O. 1185 on 3A was approached by inmate Cano, Christopher. He 2411605369 of 3A claiming he was in a physical altercation.					
Supervisor Notified (Print Last Name, First Name, Rank, Shield #): CHARLES, Capt # 1349			Date: 9/17/17	Time: 1721 Hrs.	
Employee: <input type="checkbox"/> (Did) <input checked="" type="checkbox"/> (Did Not) Witness This Injury. Employee Signature: 			Rank/Title: C.O.	Shield/ID #: 1185	
TO BE COMPLETED BY MEDICAL STAFF ONLY - (PLEASE PRINT CLEARLY)					
Date of Injury: 9/17/17	Reported for Medical Attention: Date 9/17/17 7:30 PM	Inmate Refused Medical Attention: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Visible Injuries: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Nature of Injury and Cause: Injured in a fist. Subject blows to the head; lower On exam there are cracked front teeth, swollen lips, facial erythema. The chest wall is tender. The rest of PE is unremarkable. Expressed suicidal ideation.			Medical Staff Must Note Location of Injury:  		
Treatment: C-71 transfer for suicidal ideation.					
Treated By/Examined By (Print and Sign Full Name): 			Title:		
Referrals to Other Medical Services (If Yes, Document Medical Findings): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No for C-71 transfer - Facial X-rays. - Dental evaluation.					
Treated By/Examined By (Print and Sign Full Name):			Title:		
Please Check Disposition: <input type="checkbox"/> Return to Housing Area <input type="checkbox"/> Work Release ___ Days <input type="checkbox"/> Light Duty ___ Days <input type="checkbox"/> Return to Work Assignment <input type="checkbox"/> Re-Exam ___ Days <input type="checkbox"/> Refer to Clinic <input type="checkbox"/> Return to School					
<input type="checkbox"/> Transfer to Hospital (Indicate Name of Hospital):					
<input type="checkbox"/> Other (Please Specify):					
Treated By (Print Full Name and Title, Sign Name): 			Date: 9/17/17	Time: 7:30 PM	
I certify that the cause of injury as stated herein is to my knowledge true and medical attention was provided:					
Inmate Signature: 		B&C / Sentence #:		Date: 9/17/17	
Witnessed By (Signature): 		Rank/Title: CO	Shield / I.D. #: 12433	Date: 9/17/17	

	CORRECTION DEPARTMENT CITY OF NEW YORK	
INJURY TO INMATE REPORT		Page 1 of 2 Pages Form: #167R-A Rev.: 01/31/08 Ref.: Dir. #4516R-A
INSTRUCTIONS: Original Report to Security, One copy to Clinic Lock Box, One Copy to Inmate Medical File.		
Command: <u>VCBC</u>	Date: <u>9/16/17</u>	COD/UOF #: _____ Injury #: <u>436/P418</u>
TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT CLEARLY).		
Inmate Name (Last Name, First Name): <u>Cano, Christopher</u>		
Location: _____	Work: _____	NYSID #: <u>13552006J</u> Book & Case/Sent #: <u>2411605369</u>
Details: <u>On September 16, 2017 at approx 1545 hrs upon returning to housing area from recreation inmate Cano, Christopher was involved in an inmate altercation and was exposed to chemical agent.</u>		
Supervisor Notified (Print Last Name, First Name, Rank, Shield #): <u>RAIL # 1437</u>		Date: <u>9/16/17</u> Time: <u>1545</u> Hrs.
Employee: <input checked="" type="checkbox"/> (Did) <input type="checkbox"/> (Did Not) Witness This Injury.	Employee Signature: <u>[Signature]</u>	Rank/Title: <u>C.O.</u> Shield/ID #: <u>10415</u>
TO BE COMPLETED BY MEDICAL STAFF ONLY - (PLEASE PRINT CLEARLY)		
Date of Injury: <u>9/16/17</u>	Reported for Medical Attention: <u>9/16/17</u> at <u>2100</u> Hrs.	Inmate Refused Medical Attention: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Visible Injuries: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Medical Staff Must Note Location of Injury:
Nature of Injury and Cause: <u>Inmate claimed pain to Rt ankle here is some minimal swelling noted laterally knee is sore Ice pack & motion</u>		
Treatment: _____		Treated By/Examined By (Print and Sign Full Name): <u>[Signature]</u> Title: <u>2100</u>
Referrals to Other Medical Services (If Yes, Document Medical Findings): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treated By/Examined By (Print and Sign Full Name): <u>[Signature]</u> Title: <u>2100</u>		Please Check Disposition: <input checked="" type="checkbox"/> Return to Housing Area <input checked="" type="checkbox"/> Work Release _____ Days <input type="checkbox"/> Light Duty _____ Days <input type="checkbox"/> Return to Work Assignment <input type="checkbox"/> Re-Exam _____ Days <input type="checkbox"/> Refer to Clinic <input type="checkbox"/> Return to School
Transfer to Hospital (indicate Name of Hospital): _____		<input type="checkbox"/> Life Threatening Emergency <input type="checkbox"/> Routine
Other (Please Specify): _____		Treated By (Print Full Name and Title, Sign Name): <u>[Signature]</u> Date: <u>9/16/17</u> Time: <u>2115</u> Hrs
I certify that the cause of injury as stated herein is to my knowledge true and medical attention was provided:		
Inmate Signature: <u>[Signature]</u>	B&C / Sentence #: <u>2411605369</u>	Date: <u>9/16/17</u>
Witnessed By (Signature): <u>[Signature]</u>	Rank/Title: <u>C.O.</u>	Shield / I.D. #: <u>5714</u> Date: <u>9/16/17</u>

Vernon C. Bain Center		Evan Brathwaite, MD
Barge 1 Halleck Street Bronx, NY 10474		Physician
Tel: 347-774-7000 Fax: 347-774-8088		
Patient:	CANO, CHRISTOPHER	11/28/2017
DOB:	08/28/1993, Sex: Male	
Address:	1140 ANDERSON, C43, BX, NY 10452	
Phone:		
Ordered Date:	09/16/2017	
Assessments:	Injury, unspecified	
Lab:	Ankle Right Ap, Oblique, Lateral (XRAY)	
Fasting:	No	
Specimen:		
Clinical Info:		
Name	Value	Reference Range
Result:	Refused	
Received Date:		
Notes:	Mcfarland, Danielle 9/20/2017 6:28:06 AM > pt refused the appt on 9/20/17, do not R/S pt	

Patient Name: CANO, CHRISTOPHER , DOB: 08/28/1993

Vernon C. Bain Center		Alexander Aronov, MD
Barge 1 Halleck Street Bronx, NY 10474		Physician
Tel: 347-774-7000 Fax: 347-774-8088		
Patient:	CANO, CHRISTOPHER	11/28/2017
DOB:	08/28/1993, Sex: Male	
Address:	1140 ANDERSON, C43, BX, NY 10452	
Phone:		
Ordered Date:	09/17/2017	
Assessments:	Injury, unspecified	
Lab:	Facial Bones AP, Axial Zygoma, Lateral and Upright Waters View (XRAY)	
Fasting:	No	
Specimen:		
Clinical Info:		
Name	Value	Reference Range
Result:	Refused	
Received Date:		
Notes:	Mcfarland,Danielle 9/20/2017 6:26:09 AM > PT refused the appt on 9/20/17, do not R/S pt	

Patient Name: CANO, CHRISTOPHER , DOB: 08/28/1993

**CANO, CHRISTOPHER**

NYSID: 13552006J BookCase: 2411605369
 Facility Code: VCBC Housing Area: 3C/B/U
 24 Y old Male, DOB: 08/28/1993
 Account Number: 333189
 1140 ANDERSON, C43, BX, NY-10452

Insurance: Self Pay

Appointment Facility: Vernon C. Bain Center

09/16/2017

Progress Notes: Kari Nunez, RN

Current Medications**Taking**

- Lithium Carbonate ER 450 MG Tablet Extended Release Total Dose: 900 mg At Bedtime, stop date 09/24/2017, Drug Source: Pharmacy
- Abilify 10 MG Tablet Total Dose: 10 mg At Bedtime, stop date 09/24/2017, Drug Source: Pharmacy
- Vistaril 50 MG Capsule Total Dose: 100 mg At Bedtime, stop date 09/24/2017, Drug Source: Pharmacy
- Ibuprofen 400 MG Tablet Total Dose: 2 tabs Stat, stop date 09/16/2017, Drug Source: Pharmacy
- Ibuprofen 400 MG Tablet Total Dose: one tab Every 8 Hours, stop date 09/21/2017, Drug Source: Pharmacy

Past Medical History

SMI - NO
 HX-MENTAL DISORDER NOS
 Bipolar I disorder, most recent episode (or current) depressed, unspecified
 Bipolar I disorder, most recent episode (or current) depressed, unspecified
 Diagnosis deferred
 Bipolar disorder, depressed

Allergies

Penicillin: anaphylaxis: Allergy
 resperidaol: anaphylaxis: Allergy
 lactose: diarrhea

Reason for Appointment

1. Stat Meds

History of Present IllnessNotes:NURSING ROS:

Pt was given Ibuprofen 800mg. Pt tolerated tx w/o incident & voiced no complaint at this time. K NUNEZ RN.



Electronically signed by Kari Nunez , AA on 09/16/2017 at 09:39 PM EDT

Sign off status: Completed

Vernon C. Bain Center
 Barge 1 Halleck Street
 Bronx, NY 10474
 Tel: 347-774-7000
 Fax: 347-774-8088

Patient: CANO, CHRISTOPHER DOB: 08/28/1993 Progress Note: Kari Nunez, RN 09/16/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**CANO, CHRISTOPHER**

NYSID: 13552006J BookCase: 2411605369

Facility Code: VCBC Housing Area: 3B/A/

24 Y old Male, DOB: 08/28/1993

Account Number: 333189

1140 ANDERSON, C43, BX, NY-10452

Insurance: Self Pay

Appointment Facility: Vernon C. Bain Center

09/16/2017

Appointment Provider: Evan Brathwaite, MD

Current Medications**Taking**

- Lithium Carbonate ER 450 MG Tablet
Extended Release Total Dose: 900 mg At
Bedtime, stop date 09/24/2017, Drug Source:
Pharmacy
- Abilify 10 MG Tablet Total Dose: 10 mg At
Bedtime, stop date 09/24/2017, Drug Source:
Pharmacy
- Vistaril 50 MG Capsule Total Dose: 100
mg At Bedtime, stop date 09/24/2017, Drug
Source: Pharmacy

Past Medical History

SMI - NO

HX-MENTAL DISORDER NOS

Bipolar I disorder, most recent episode (or
current) depressed, unspecifiedBipolar I disorder, most recent episode (or
current) depressed, unspecified

Diagnosis deferred

Bipolar disorder, depressed

Allergies

Penicillin: anaphylaxis: Allergy
resperidaol: anaphylaxis: Allergy
lactose: diarrhea

Reason for Appointment

1. Injury#436/ FY18

History of Present Illness**TEMPLATES:**

Rikers Injury Report

Injury Report:**General**

DOC Injury Report available? Yes/

DOC Injury Report #: 436/

Event Location: *Housing Area /*Intentionality: *Intentional /*Cause: *Inmate-on-inmate fight /*Verified Injury: *Physical evidence of injury /*Did the patient have a blow to the head? *No /*Did the patient ever lose consciousness? *No /*Was the patient ever dazed and confused after injury? *No /***Vital Signs**

BP		
L Arm: 137/67	09/16/2017 08:58:20 PM Eastern Standard Time	Kari Nunez
Pulse		
88	09/16/2017 08:58:20 PM Eastern Standard Time	Kari Nunez
RR		
16	09/16/2017 08:58:20 PM Eastern Standard Time	Kari Nunez
Temp		
98.2	09/16/2017 08:58:20 PM Eastern Standard Time	Kari Nunez
Peak Flow		
450	09/16/2017 08:58:20 PM Eastern Standard Time	Kari Nunez
SaO2		

Patient: CANO, CHRISTOPHER DOB: 08/28/1993 Progress Note: Evan Brathwaite, MD 09/16/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

100	09/16/2017 08:58:20 PM Eastern Standard Time	Kari Nunez
Pain scale		
bilat leg 6	09/16/2017 08:58:20 PM Eastern Standard Time	Kari Nunez

ExaminationGeneral Examination:

GENERAL APPEARANCE: well-developed, well-developed, well-nourished, well-groomed, well-appearing.

HEENT: **HEAD:-**, normocephalic, atraumatic.

ORAL CAVITY: normal, unremarkable.

NECK: GENERAL:-, supple.

HEART: PMI:-, normal.

CHEST: SHAPE AND EXPANSION:-, normal.

BREASTS: GENERAL:-, symmetric.

LUNGS: normal.

ABDOMEN: normal, normal without tenderness, masses, or megaly.

SKIN: normal.

EXTREMITIES: swelling lateral malleolus rt grade 1 sprain.

BACK: unremarkable.

NEUROLOGIC EXAM: non-focal exam.

Assessments

1. Injury, unspecified - T14.90

grade 1 ankle sprain on rt.

Treatment**1. Injury, unspecified**

Start Ibuprofen Tablet, 400 MG, Total Dose: 2 tabs, Orally, Stat, 0 days, Drug Source: Pharmacy

Start Ibuprofen Tablet, 400 MG, Total Dose: one tab, Orally, Every 8 Hours, 5 days, Drug Source: Pharmacy

IMAGING: Ankle Right Ap, Oblique, Lateral (XRAY)

Referral To: Supplies Nursing Nursing Supplies

Reason: provide the patient with two cold paks

Disposition: General Population

Appointment Provider: Evan Brathwaite, MD



Electronically signed by Evan Brathwaite MD on 09/16/2017
at 09:18 PM EDT

Sign off status: Completed

Vernon C. Bain Center
Barge 1 Halleck Street
Bronx, NY 10474
Tel: 347-774-7000
Fax: 347-774-8088

Patient: CANO, CHRISTOPHER DOB: 08/28/1993 Progress Note: Evan Brathwaite, MD 09/16/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

NYSID: 13552006J **BookCase:** 2411605369**CANO, CHRISTOPHER**

1140 ANDERSON, C43, BX, NY 10452

DOB: 08/28/1993 **Age:** 24 Y **Sex:** male**Primary Insurance:****PCP:****Account Number:** 333189**Home:****Work:****Cell:****Email:****Advance Directive:****Allergies :** Penicillin - anaphylaxis, resperidaol - anaphylaxis, lactose - diarrhea

Z28.9	Immunization not carried out for unspecified reason		09/01/2017 09/01/2017	Kang, Min Jung
E73.1	Secondary lactase deficiency		09/14/2017 09/14/2017	Ozo-Onyali, Chukwudi
T14.90	Injury, unspecified		09/16/2017 09/17/2017	Aronov, Alexander
R45.851	Suicidal ideations		09/17/2017 09/17/2017	Aronov, Alexander
Z53.1	Procedure and treatment not carried out because of patient's decision for reasons of belief and group pressure		09/20/2017 11/06/2017	Walker, Allen
T67.9XXA	Effect of heat and light, unspecified, initial encounter		09/24/2017 09/24/2017	Antoine, Achille
T67.8XXA	Other effects of heat and light, initial encounter		09/24/2017 09/24/2017	Antoine, Achille
799.9	Diagnosis deferred		09/25/2017 11/15/2017	Kyu, Khin
H52.13	Myopia, bilateral		09/25/2017 11/29/2017	Hyman, Barry
M27.59	Other periradicular pathology associated with previous endodontic treatment	9	10/03/2017 10/03/2017	Martin, Brian
873.63	BROKEN TOOTH		10/03/2017 10/24/2017	Martin, Brian
D23.9	Other benign neoplasm of skin, unspecified	Right flank fibroma	10/10/2017 10/10/2017	Williams, Rhodina
F31.2	Bipolar I disorder, Current or most recent episode manic, With psychotic features		10/12/2017 10/12/2017	Wright, Janice
F12.20	Cannabis use disorder, Moderate		10/12/2017 10/12/2017	Wright, Janice
F10.20	Alcohol use disorder, moderate		10/12/2017 10/12/2017	Wright, Janice
F14.20	Cocaine use disorder Moderate		10/12/2017 10/12/2017	Wright, Janice
K13.0	Diseases of lips		10/19/2017 10/19/2017	Jean Gilles, Lesly
B35.6	Tinea cruris		10/19/2017 10/19/2017	Jean Gilles, Lesly
H52.7	Unspecified disorder of refraction		10/31/2017 10/31/2017	Jean Gilles, Lesly
E885.9	FALL FROM SLIPPING NEC	alleged slipped and fall.	10/31/2017 10/31/2017	Jean Gilles, Lesly
F20.9	Schizophrenia		10/31/2017 11/29/2017	Wright, Janice
F12.20	Cannabis use disorder, Severe	remission	10/31/2017 11/29/2017	Wright, Janice
F10.20	Alcohol use disorder, severe		10/31/2017 11/29/2017	Wright, Janice
F15.20	Amphetamine-type substance use disorder, moderate	remission	10/31/2017 11/29/2017	Wright, Janice
F14.10	Cocaine use disorder Mild		10/31/2017 11/29/2017	Wright, Janice



CANO, CHRISTOPHER

NYSID: 13552006J BookCase: 2411605369
Facility Code: BKDC Housing Area: 6B
24 Y old Male, DOB: 08/28/1993
Account Number: 333189
1140 ANDERSON, C43, BX, NY-10452

Insurance: Self Pay

Appointment Facility: Brooklyn Detention Center

11/14/2017

Appointment Provider: Brian Martin, DDS

Current Medications

Taking

- Multivitamin Adult - Tablet Total Dose: one tab Daily, stop date 11/18/2017, KOP: No, Drug Source: Pharmacy
- Lithium Carbonate ER 450 MG Tablet Extended Release Total Dose: 900mg At Bedtime, stop date 11/28/2017, KOP: No, Drug Source: Pharmacy-Non Carry
- Abilify 10 MG Tablet Total Dose: 10mg At Bedtime, stop date 11/28/2017, KOP: No, Drug Source: Pharmacy-Non Carry
- Vistaril 50 MG Capsule Total Dose: 100mg At Bedtime, stop date 11/28/2017, KOP: No, Drug Source: Pharmacy-Non Carry
- Lithium Carbonate ER 450 MG Tablet Extended Release Total Dose: 900mg At Bedtime, stop date 12/04/2017, KOP: No, Drug Source: RN/LPN DOT
- Abilify 10 MG Tablet Total Dose: 10mg At Bedtime, stop date 12/04/2017, KOP: No, Drug Source: RN/LPN DOT
- Vistaril 50 MG Capsule Total Dose: 100mg At Bedtime, stop date 12/04/2017, KOP: No, Drug Source: RN/LPN DOT

Past Medical History

SMI - NO

Bipolar I disorder, most recent episode (or current) depressed, unspecified
Bipolar I disorder, most recent episode (or current) mixed, severe, specified as with psychotic behavior
Bipolar I disorder, most recent episode (or current) depressed, unspecified
Bipolar I disorder, most recent episode (or current) manic, severe, specified as with psychotic behavior

Allergies

Penicillin: anaphylaxis: Allergy
resperidaol: anaphylaxis: Allergy
lactose: diarrhea

Reason for Appointment

1. F/U #9 COMP (C2)

History of Present Illness

Dental Exams:

GENERAL DENTISTRY PROCEDURES

Restorative Surfaces: 1

Examination

General Examination:

ORAL CAVITY: TEETH:, dental caries cervical buccal 9.

Assessments

1. Dental caries on pit and fissure surface penetrating into dentin - K02.52 (Primary)

Treatment

1. Dental caries on pit and fissure surface penetrating into dentin

Notes: ohi; written consent obtained

tx: under 1.8 cc 2% lido with 1:100k epi; removed decay without pulp exposure; resin restoration done; no occlusal interferences, post op instructions explained/ understood.

Appointment Provider: Brian Martin, DDS



Electronically signed by Brian Martin, DDS on 11/14/2017 at 11:07 AM EST

Patient: CANO, CHRISTOPHER DOB: 08/28/1993 Progress Note: Brian Martin, DDS 11/14/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Sign off status: Completed

Brooklyn Detention Center
275 Atlantic Avenue
Brooklyn, NY 11201
Tel: 347-774-7000
Fax: 347-774-8088

Patient: CANO, CHRISTOPHER DOB: 08/28/1993 Progress Note: Brian Martin, DDS 11/14/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

